

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.: 10/089822

FILING DATE

APPLICANT(S)

8/3/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1		1			53		
4		3		3			54		
5							55		
6		1		1			56		
7		1		1			57		
8		2		2			58		
9							59		
10		1		1			60		
11		1		1			61		
12		3		3			62		
13							63		
14							64		
15							65		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3		3				TOTAL IND.		
TOTAL DEP.	14	←	14	←	↓	↓	TOTAL DEP.	↓	↓